

CLAIMS ONLY						Application Number <u>09/944,536</u>	Filing Date	
						Applicant(s)		
						* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	<u> </u>						51	
2	<u> </u>						52	
3	<u> </u>						53	
4	<u> </u>						54	
5	<u> </u>						55	
6	<u> </u>						56	
7	<u> </u>						57	
8	<u> </u>						58	
9	<u> </u>						59	
10	<u> </u>						60	
11	<u> </u>						61	
12	<u> </u>						62	
13	<u> </u>						63	
14	<u> </u>						64	
15	<u> </u>						65	
16	<u> </u>						66	
17	<u> </u>						67	
18	<u> </u>						68	
19	<u> </u>						69	
20	<u> </u>						70	
21	<u> </u>						71	
22	<u> </u>						72	
23	<u> </u>						73	
24	<u> </u>						74	
25	<u> </u>						75	
26	<u> </u>						76	
27	<u> </u>						77	
28	<u> </u>						78	
29	<u> </u>						79	
30	<u> </u>						80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep	8						Total Indep	
Total Depend	15						Total Depend	
Total Claims	23						Total Claims	